

**INTERNATIONAL AWAY ELECTIVE FORM &
MEDICAL STUDENT INTERNATIONAL TRAVEL WAIVER OF LIABILITY**

- Please complete, sign & return to the SOM Dean's Office -

Student First Name				MI	Last Name		Year in Medical School
Program/Institution Name							
Program Supervisor/Contact Name (if known)				Program Supervisor/Contact Email Address			
Street Address							
City		State		Country		Zip	
Departure Date				Date of Return			
Name of Evacuation & Health Insurance Co.		Policy #		Duration of Coverage			
Description of activity and how it relates to the student's academic goals:							

Student is requesting approval from the School of Medicine to travel to _____ (country) as part of his or her academic experience.

This is not an OHSU sponsored activity and any approval received from OHSU regarding this activity relates only to recognition by OHSU that this activity may be considered part of the student's educational experience while attending OHSU. All aspects of the above-identified activity, including but not limited to (a) educational content and value, (b) all expenses associated with travel, including transportation, food and lodging, and (c) the organization of, placement, training and instruction received in this activity are the sole responsibility of the student.

OHSU is not responsible nor shall it be considered or held liable for any injury to or death of the OHSU student while on or participating in the international experience referenced herein.

Student agrees to purchase travel and evacuation insurance from an accredited insurance company and provide to OHSU, upon reasonable request by OHSU, proof of such insurance. (Example: <http://www.internationalsos.com>)

Student hereby releases OHSU from any and all liability, damages or causes of action, whether known or unknown, whether in tort, contract, or based on statute, relating to Student's placement in the above-referenced training activity and travel to the country identified above. The release specifically includes, but is not limited to, all claims for relief or remedy, including all claims for attorneys' fees, under any state, US federal laws, or foreign laws.

I have read and fully understood the foregoing and hereby agree to the above-mentioned terms.

Student Signature: _____ Date: _____

School of Medicine Authorization: _____ Date: _____

Print Name and Title _____ (CRN _____)